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LOOK FOR YOUR VOUCHER POSTCARD IN THE MAIL**



**Maricopa County**  
*Animal Care and Control*

## The “Big Fix” Spay/Neuter Voucher Program

Thank you for being concerned about your pet’s health and well-being by seeking Spay/Neuter services. Did you know that spaying and neutering?

- ❑ **Keeps your pet healthy and helps prevent many diseases.**
- ❑ **Helps keep your pet at home since he/she won’t have the urge to seek a mate.**
- ❑ **Helps ensure that no more unwanted animals are born.**
- ❑ **Helps with many behavior problems, such as spraying to mark territory.**

Here’s what you need to know about this program:

1. You must be receiving public assistance, demonstrate low income, or be in a verifiable crisis.
2. You must agree to spay/neuter all of the dogs and cats in your household. They do not all have to be done at the same time. You will work out a plan with the Medical Outreach Coordinator.
3. You will enclose a money order (NO CASH or CHECKS) for the total co-pay amount. (\$27 per dog, \$15 per cat) with your application. There are no refunds unless: you are denied a voucher or the veterinarian cites medical reasons to deny surgery. Include rabies certificate and license tag number with your application if the animal is current.
4. You will schedule a surgery appointment with one of the contracted veterinarians to fall within 90 days of the voucher issue date. If there is a reason that you cannot use the voucher within that time frame, you must contact the Medical Outreach Coordinator for an extension. No refunds will be made if the voucher expires.
5. You will provide the Veterinarian with Photo ID and the voucher at the time of the appointment.
6. If your children are on AHCCCS and you are not, you must send in supporting documentation of your relationship to the child, with your application.
7. Your pet will receive a rabies vaccination and Maricopa County dog license with this service. It is your responsibility to renew the license yearly. Look for your license in the mail during the month following surgery.

**Dog eligibility: at least 4 months or 4 pounds and not more than 7 years.**

**Cat eligibility: at least 2 pounds and not more than 7 years.**

- The veterinarian may choose to perform surgery on older animals but may require additional medical procedures at the owner’s expense. If the animal is discovered to be pregnant, the surgery will be performed and the fetuses will not survive. Pet owner will acknowledge that the medical procedures used are standard practice and routine for large volume, low-cost spay/neuter surgeries and that under normal circumstances there is no additional risk to the pet. However, advances in veterinary medicine allow for an increased safety margin by use of newer pharmaceuticals and advanced technologies which are available at the owner’s expense. The pet owner has no obligation to incur additional expense by adding these features to the surgical protocol.



**Maricopa County**  
Animal Care and Control

Please mail to:  
**MCACC-Big Fix Program**  
2323 S. 35<sup>th</sup> Ave  
Phoenix, AZ 85009



## The "Big Fix" Spay/Neuter Voucher Program Application

Name	Phone
Address	Alternate Phone
City State Zip	
Email	Staff only: P #

**Do not** give out your social security number as a case number!

What Public Assistance do you receive?

- ☐ AHCCCS/Medicaid
- ☐ Food Stamps
- ☐ SSI/SSD or Social Security  
as only source of income
- ☐ Unemployment Distribution
- ☐ Public Housing
- ☐ VA disability
- ☐ TANF
- ☐ WIC

Case number or other proof of assistance

# \_\_\_\_\_  
# \_\_\_\_\_  
\$ \_\_\_\_\_ amount received per mo.  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

Annual yearly income of household \$ \_\_\_\_\_ Number of people living in home # \_\_\_\_\_

If not on Public Assistance, what is the situation that would qualify you for this program?

LIST **ALL** DOGS AND CATS IN YOUR HOUSEHOLD.

### DOGS

Place an "X" next to the dogs for which you would like Vouchers.

X	Name	Age	M/F	Spayed/ Neutered?	Breed & Color
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

If you need more space, add other dogs to an additional page and provide the same information.

### CATS

Place an "X" next to the cats for which you would like Vouchers.

X	Name	Age	M/F	Spayed/ Neutered?	Primary Color	Short or long hair?
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		

If you need more space, add other dogs to an additional page and provide the same information.

**Please enclose a money order.** We will NOT accept personal checks or cash.  
 WE DO NOT ACCEPT CASH THROUGH THE MAIL. If you need to pay in cash, you will need to go to one of our facilities to pay in person.

Dogs \$27 each Cats \$15 each
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You also need to enclose a **copy** of your Rabies Certificate and license tag number if they are current, so that your pet is not revaccinated.

If approved, you will receive your voucher and the list of veterinarians in the mail. Remember, you only have 90 days in which to use your voucher. If you need to make any changes, such as needing to switch animals or inability to use the voucher in the allotted time, you must contact this office at 602-506-2759.

If you are not approved, your money will be refunded.

As a participant in the Maricopa County Animal Care & Control Spay/Neuter Voucher Program, I agree to the following:

- ☐ This application has been filled out accurately and honestly.
- ☐ I have listed all dogs and cats in my household.
- ☐ I will spay and neuter all dogs and cats in my household.
- ☐ I will schedule and attend my appointment with the veterinarian within 90 days of receiving the voucher.
- ☐ I will provide current, valid ID to the veterinarian at time of service.
- ☐ I will follow the veterinarian's pre and post surgery instructions.
- ☐ I will not transfer the voucher(s) to anyone else.

Any incomplete information will delay your application.

I certify under penalty of perjury that I receive benefits from one of the programs checked above or have explained truthfully the circumstances warranting participation in this program. I authorize MCACC to contact any sources necessary to establish accuracy of the information given by me. I also certify that the animal(s) receiving the surgery is/are my own and I am the sole legal owner of the pet(s). I understand that completing this application does not guarantee my pet will be provided sterilization through this program.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Application Received	Voucher Sent	Check #	Amount Paid	Date Vet Reimbursed	Amount Vet Reimbursed

-----STAFF ONLY-----

Dog	Cat	Animal Name	A #	Tag #	Sx Date	Vx Date